

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013579

1. Entity Name
TMI, INC.Principal Place of Business
822 E COAST DR
ATLANTIC BEACH FL 32233
USMailing Address
822 E COAST DR
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3224278

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33601

JACKSONVILLE
501 W. DAY STREET
SUITE 250
JACKSONVILLE FL 32202Brad Powers
501 East Kennedy Blvd
Tampa

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P	BOSKER, HANS	NO ADDRESS LISTED	THE NE	☐
VPS	POWERS, SHARON	514 N ST	CHAGNIN FALLS OH	☐
D	JORDAN, RICK	30 CHOCTAW ST	ASHEVILLE NC	☐
D	SCHUFELDT, HARLAN	8917 FARGO RD	RICHMOND VA	☐
D	STEVENSON, DIANE	882 EAST COAST DR.	ATLANTIC BEACH FL 32233	☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 OCT -4 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CH2E034 (5/01)